



Workshop Session III

Thursday, April 28

2:15 to 5:00 p.m.

River Bend II

OPENING THE BOX

A Toolkit for Advancing Evidence-Based Screening, Assessment and Treatment

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Bolin



Phillippi

Toolkit for Fostering Movement Towards Evidence- Based Screening, Assessment & Treatment

Toolkit Contents

- Section 1: Targeting EBPs in Louisiana

Overview of key strategies and key accomplishments to advance utilization of EBPs in Louisiana

- Section 2: Stakeholder Educ & Awareness

EBP Brief & EBP Presentation Materials

Toolkit Contents (cont'd)

- Section 3: Research-driven Reforms

Louisiana JJ Screening, Assessment and Treatment Services Inventory

- Section 4: Strategic Implementation

Louisiana EBP Selection Assessment Guide

Section 1: Targeting EBPs in
Louisiana

Section 2: Stakeholder Education
and Awareness

Evidence-Based Practices

Practices with acceptable scientific evidence that they actually reduce future delinquency, violence, drug use, and other problem behaviors.

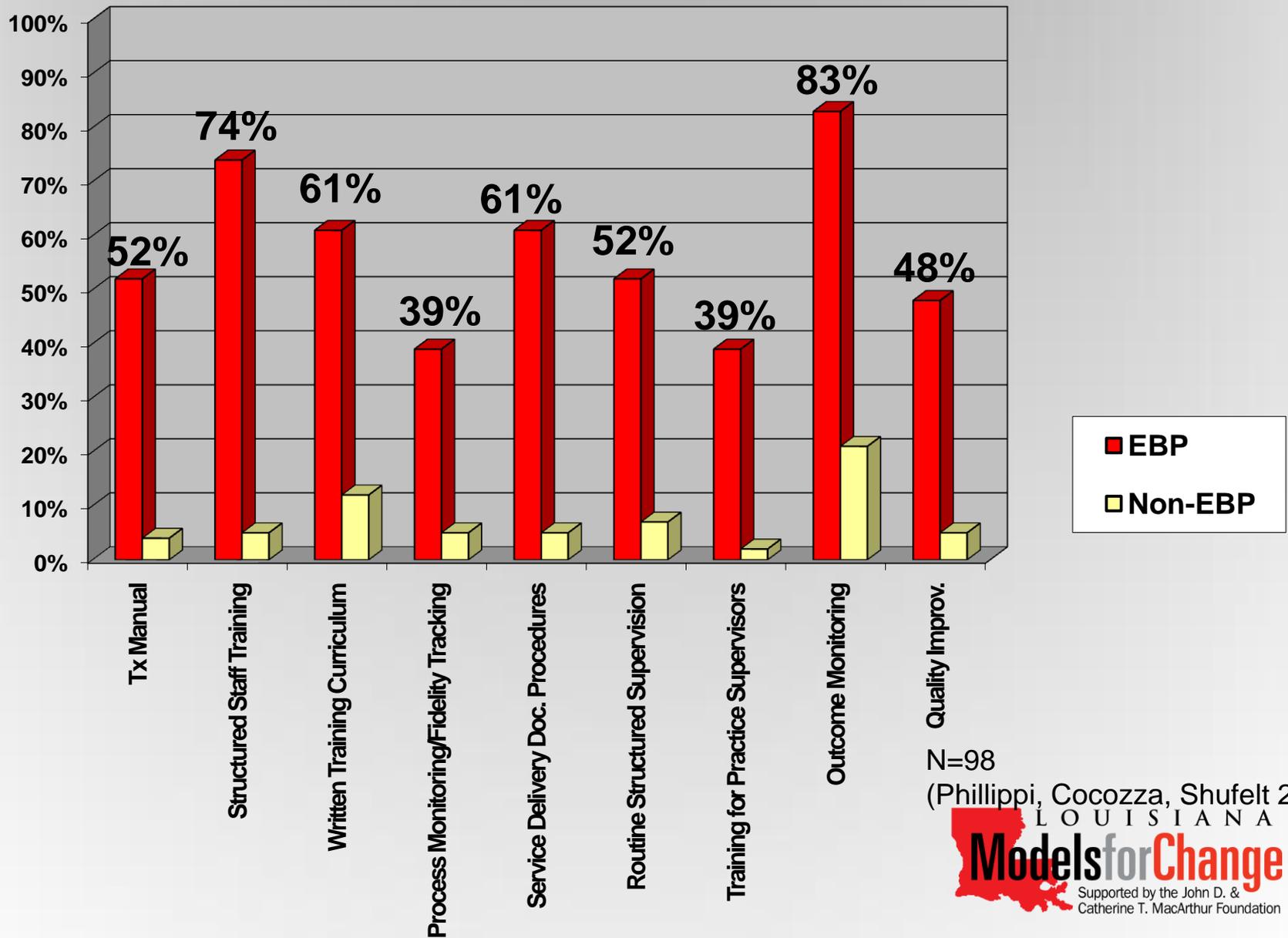
Why EBPs?

- Strong Research Design
- Evidence of Significant Deterrent Effects
- Sustained Effects
- Multiple Site Replication
- Cost-effectiveness

Outcomes Associated with EBPs

- Reduce rates of re-arrest
- Improved family functioning and school performance
- Decreased drug use and mental health symptoms
- Reduced rates of out-of-home placements
- Cost savings

Quality Difference to Improve Outcomes



EBP Fact Sheets & Presentations

EVIDENCE-BASED PROGRAMS FOR JUVENILE JUSTICE REFORM IN LOUISIANA

To most effectively serve Louisiana's youth and their families, it is important that the state give priority to services that offer young people the best chance of becoming successful adults while, at the same time, maintaining public safety. When funding services or supports in the juvenile justice system, Louisiana agencies should give the highest priority to services that are community-based, that are in the least restrictive setting, and that are shown to be effective. Studies on evidence-based programs continue to consistently illustrate that they are more effective than traditional intervention methods.

WHAT IS AN EVIDENCE-BASED PROGRAM?

An "evidence-based program," or EBP, is an approach to prevention or treatment that has been scientifically proven to work. A program that "works" with regard to juvenile justice, and frequently co-occurring mental health issues, reduces crime, delinquency, family conflict, substance use, academic failure, behavioral problems, and associations with other delinquent youth. In addition, evidence-based interventions can yield significant cost savings in both financial and human capital. For example, an evidence-based program that can successfully treat delinquent youth in a Louisiana community may cost between \$1,300 and \$5,000 per family per year, while incarcerating just one youth will cost more than \$50,000 per year. Evidence-based programs are also standardized and can be replicated. In short, to be considered "evidence-based," a program must be effective and have the ability to be implemented as designed.

Evidence-based programs are standardized, replicable practices that have been researched and demonstrate positive outcomes in repeated studies.

WHY EVIDENCE-BASED PROGRAMS?

Evidence-based programs have been shown to successfully treat delinquent youth in the community at a cost between \$1,300 and \$5,000 per family per year. Incarcerating just one youth will cost over \$50,000 per year, and will likely result in worse outcomes for the youth, family, and community.

Better outcomes are associated with evidence-based programs and include improved public safety due to reduced rates of re-arrest; improved family functioning and school performance; reduced rates of out-of-home placements of youth; fewer days in more costly and restrictive facilities; higher retention rates of participants with fewer program dropouts; decreased drug use and symptoms of mental illness; and cost effectiveness when compared to other interventions. Evidence-based programs also increase both provider and system accountability by directly linking services to treatment outcomes. Furthermore, recent research has shown that many practices do not work and some are even harmful. With that information in hand it is only ethical to avoid referring youth to programs with harmful effects and wastefully spending taxpayer dollars.

"Evidence-based practices are moving the fields of juvenile justice and behavioral healthcare from the conclusion of the last century that little to nothing worked to being able to repeatedly and visibly demonstrate positive outcomes for youth and families. Evidence-based practices improve the quality of care provided to youth and their families and promote child, parent, and family growth and development."

Joseph Cocozza, PhD, National Center for Mental Health and Juvenile Justice

Program	Cost/Benefit for Every Dollar Spent	Outcomes related to violence, crime/delinquency or substance use
Functional Family Therapy	\$13.25	Crime reduction
Multi-Systemic Therapy	\$2.64	Crime and drug use reduction
Multidimensional Tx Foster Care	\$10.88	Crime and drug use reduction

The system will not be fixed overnight, but it is ready for a bold path of action. That path includes utilizing state funds to support programs and practices that can produce the best outcomes for youth. Louisiana has already made critical initial investments in practices such as Cognitive-Behavioral Treatment, Multi-Systemic Therapy, and Functional Family Therapy (all evidence-based programs), but that just scratches the surface.

In 2007, the LSU Health Sciences Center School of Public Health and the National Center for Mental Health and Juvenile Justice conducted a survey of seven Louisiana parishes. Parish providers described 152 programs and services actively engaging youth and families affiliated with the juvenile justice system. Of those programs and services, only 17 (11%) were associated with nationally known evidence-based programs.

WHAT CAN LOUISIANA DO TO MOVE FORWARD IN THE ADOPTION AND UTILIZATION OF EVIDENCE-BASED PROGRAMS?

To move from our current system in Louisiana to a more effective and reliable intervention delivery system for the juvenile justice and behavioral healthcare systems the following strategies are recommended:

- Prioritize funding for the implementation of the best evidence-based programs
- Require unproven programs to include an evaluation component to continue funding
- Discontinue funding support for programs evaluated and found ineffective
- Sustain and build capacity for evidence-based programs with mainstream funding (e.g. Medicaid, state contracts, etc.)
- Develop a workforce prepared to deliver evidence-based programs
- Assist smaller providers and rural areas in moving providers towards research informed practices (e.g. motivational engagement, cognitive-behavioral treatment, social-ecological approaches) where staffing patterns and/or budget constraints will not allow for the larger evidence-based programs (e.g. Functional Family Therapy, Multisystemic Therapy, etc.)

Only 11% of Louisiana juvenile justice providers surveyed are utilizing an evidence-based practice

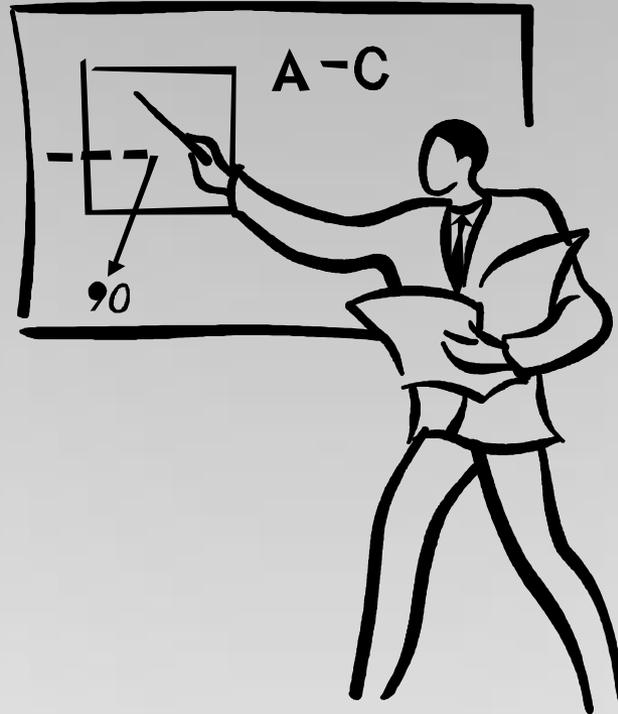


leaving youth with a 9 out of 10 chance of receiving a non-proven service.

TO VIEW THE FULL REPORT ON EVIDENCE-BASED PRACTICES FOR JUVENILE JUSTICE REFORM IN LOUISIANA GO TO THE LSU MODELS FOR CHANGE WEBSITE <http://publichealth.lshsc.edu/lamc/> AND CLICK ON "NEW! LOUISIANA EBP WHITEPAPER" IN THE LEFT HAND COLUMN.

For more information on the overall Model: for Change in Juvenile Justice Reform initiative please visit www.modelsforchange.net.

Calcasieu's Experience



Stakeholder Education & Awareness

Louisiana Data

SECTION 3: RESEARCH-DRIVEN REFORMS

Tools for CYPBs & Communities

- LSUHSC and the NCMHJJ have a tool for evaluating EBPs in your community
 - both screening/assessment and programs/practices in your area
- Developed via the support of the MacArthur Foundation and is available through the LSU School of Public Health.

Use of Standardized Screening and Assessment Instruments

- In a survey of providers contracted by the state to provide services for juvenile justice involved youth (n=97)
 - 60% reported using research-based standardized screening or assessment instruments
 - 24% reported that they do not use standardized screening or assessment instruments

(Phillippi & Cuffie, 2009)

Calcasieu's Data-Driven Screening & Assessment Decisions

SAVRY

JIFF

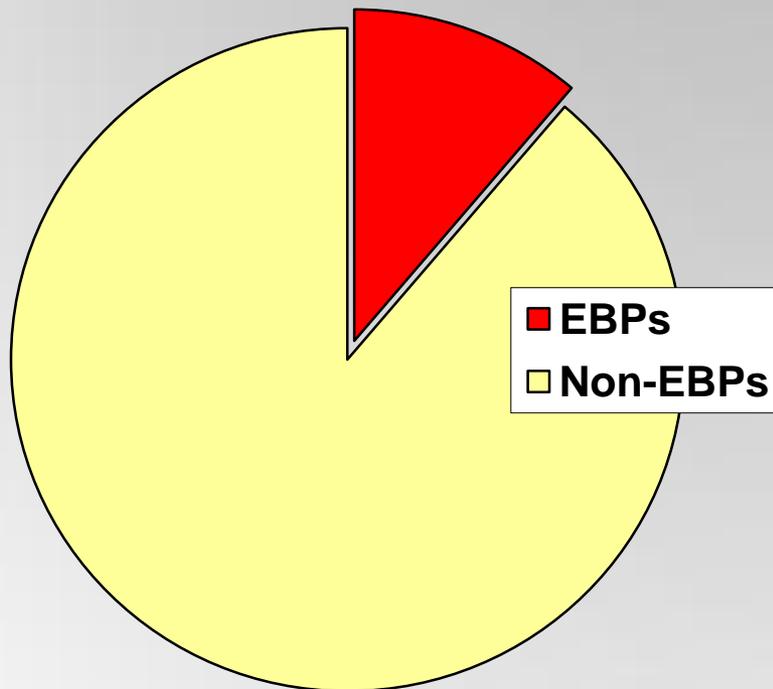
MARC

Survey of Louisiana JJ Service

Providers (2006 N=152) (2009 N=132)

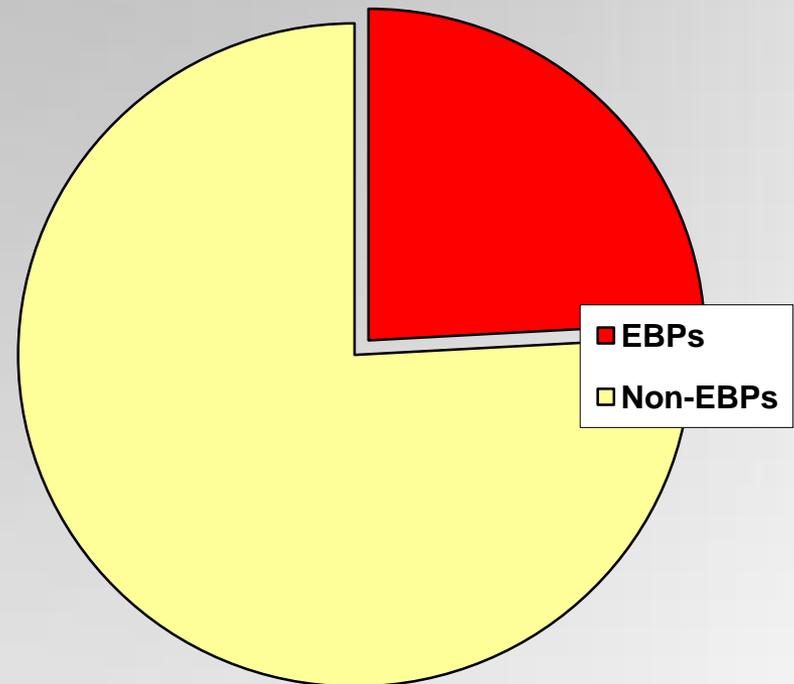
2006- 11% EBP Utilization

with a 9 out of 10 chance of a youth receiving a non-proven service.



2009- 32% EBP Utilization

with a 1 out of 5 chance of a youth receiving a research driven service.



MH & SA Related Risk Factors for Delinquency

(Adapted from Catalano & Hawkins, 1995; Wasserman et al., 2003; and Zahn, Hawkins, Chiancone, & Whitworth, 2008)

Individual

- Low intelligence; cognitive, & learning problems
- Poor impulse control
- Modeling of/ Admiration for antisocial behavior
- Perception of others as hostile
- Poor social skills
- Depression/Anxiety*

Family

- Conflict and hostility at home
- Ineffective parental discipline and monitoring
- Physical/sexual abuse*
- Familial substance abuse and psychiatric problems
- Lack of warmth and affection between parents and child

Peers

- Association with delinquent youth (for older youth / adolescents)
- Peer rejection (for younger children)
- Association with youth who use drugs or alcohol
- Poor achievement/grades

School:

- Falling behind same-age peers
- Poor attendance

Community

- Availability of drugs
- Poor support network
- Isolation from neighbors
- Frequent family moves

**Particularly for females*

Calcasieu's Data-Driven Service Decisions

FFT

MST

Big Brothers/Big Sisters

Detention \$ to Community \$

Louisiana Potential in Your Area

Times Picayune January 2010...

Detention Center Expands to 119 beds with projected annual budget of \$6.57 million

- PRICE PER BED...\$55,210
- ALTERNATIVES...Even on the high end of EBP costs, each bed expense would afford
 - 55 kids to receive Big Brother Big Sister services each year OR
 - 16 kids and their families to receive FFT OR
 - 12 kids and their families MST OR
 - 2 youth and their parent(s) MDTFC (the most intensive residential EBP for delinquency/violence intervention)

Louisiana Potential in Your Area

The state reports 12 community-based contracts providing services to JJ involved youth in central Louisiana in fiscal year 2008-2009. Of those contracts 2 (17%) were with nationally recognized evidence based programs (FFT and MST).

The contracts allowed for a maximum of 420 service slots for the area, of which 93 (22%) service slots were allocated to EBPs.

Multiplying the number of service slots by the per diem rate for those services to calculate a maximum state funding allocation should all available service slots be utilized...\$3.14 million were available to the area. Of that, \$363,000 (12%) was available to fund the two identified EBPs.

Louisiana EBP Selection Assessment Guide

SECTION 4: STRATEGIC IMPLEMENTATION

Finding the Right Program

- What behavioral outcomes are targeted?
- What risk/protective factors are targeted?
- What are the characteristics of the individual/population to be served ?
- What programs address these risks/protective factors for this population?
- What is the scientific evidence that this/these programs work?
- What is the delivery capability of this/these program(s)?
- What does the program/intervention cost?
- What is necessary for a quality implementation?

(Thornberry & Mihalic, 2008)

Deciding what to implement?

- Louisiana EBP Selection Assessment Guide
 - Framework for identifying and determining a community's and/or organization's readiness to select and adopt EBPs
 - Structured questionnaire to map key readiness questions
 - Assists local decision makers in anchoring discussions, priorities, and key concerns

Readiness Guide Areas

- Target Population
- Funding
- Level of collaboration
- Level of evidence
- Recognized Practice
- Structure of the Practice
- Family Involvement/Engagement
- Youth Outcomes
- Diversity
- Workforce Requirements
- Feasibility of Implementation
- Organizational Experience with EBPs
- Organizational Readiness

EBP Readiness Guide

- Derived from priorities, consultation process, survey
- Developed with review of multiple sources/guides (e.g., state of Maryland, NIRN, TAC)

Questions / Contact Info

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